

DIABETES CARE TOOL



KENTUCKY DIABETES NETWORK, INC.

A statewide partnership striving to improve the treatment and outcomes for Kentuckians with diabetes.

Patient Name: _____ DOB: _____

Height: _____ Smoker: Yes No (circle one) Pneumococcal Vaccine Date(s): _____

Type of Diabetes: 1 2 (circle one) Year of Diabetes Diagnosis: _____

*This tool is based on the 2007 American Diabetes Association's "Standards of Medical Care for Patients with Diabetes Mellitus" and indicates minimum services to be provided in the continuing (initial visits have additional components) care of **adults** with diabetes. It is not intended to replace or preclude clinical judgement or more intensive management where medically indicated. Use it as a reminder for exams or important tests, to simplify record keeping and as a way to continually improve care to all patients with diabetes.*

Enter result, checkmark, or date as you deem appropriate.

DATE OF VISIT							
EVERY VISIT	Weight						
	B/P (Goal <130/80)						
	A1C Hemoglobin A1c every 3–6 mo. (Goal <7%)						
	Foot Exam: V = Visual						
	Review Self Management Goals and BG Log						
ANNUAL	Foot Exam: • Monofilament (sensation), foot structure, biomechanics, vascular, and skin integrity						
	Fasting Lipid Profile: • Total Cholesterol (Goal < 200)						
	• LDL (Goal < 100)						
	• HDL (Goal Men > 40, Women > 50)						
	• Triglycerides (Goal < 150)						
	Microalbumin: Unless urine dipstick (+) for protein						
	Serum Creatinine: For estimation of glomerular filtration rate (GFR)						
	Dilated Eye Exam/ Referral Date						
	Flu Vaccine						
Oral Visualization Exam							
SELF-MANAGEMENT	Self-Management Education/ Referral Date						
	Exercise /Physical Activity						
	Medical Nutrition Therapy Referral						
	Tobacco Cessation (1-800-QUIT NOW or 1-800-784-8669)						
	Preconception Counseling (women of childbearing age)						
OTHER	Aspirin Therapy St=start, Cont=continue, D/C=discontinue, CI/MA=contraindicated/medical allergy, Dec=declined						
	Circle: ACE-I or ARB St, Cont, D/C, CI/MA, Dec						
	Statin or Lipid Lowering Agent: St, Cont, D/C, CI/MA, Dec						
	Assess Mental/Behavioral Health						